

Community Development Department • Building Inspection Division
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540 • (650) 903-6313 • FAX (650) 903-6474

BUILDING INSPECTION DIVISION PERMIT APPLICATION

Address of Work/Site	Unit/Apt.	PC No. (Office Use)
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APPLICANT

Name/Company		
Address		
City	State	Zip
Contact (Name)		
Area Code	Phone	

OWNER OF PROPERTY

Name		
Address		
City	State	Zip
Contact (Name)		
Area Code	Phone	

CONTRACTOR

Name/Company	State Contr. License	
Address		
City	State	Zip
Contact (Name)		
Area Code	Phone	

ARCHITECT/DESIGNER

Name/Company		
Address		
City	State	Zip
Contact (Name)		
Area Code	Phone	

Constr. Type (Office Use)	Occup. Group (Office Use)	Use Code (Office Use)	Square Ft. Improvement	Construction Cost Labor & Material
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PROJECT DESCRIPTION:

FAX PERMIT APPLICANTS PLEASE ALSO COMPLETE FAX PERMIT INFORMATION PAGE

Fax Permit Information Page

Please complete this form and sign below

Fax completed Building Inspection Permit Application and this page to (650)903-6474

Roofing Permit

Reroof Area/Squares	Listing #	Manuf./Material Type/Description
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Valuation (Material & Labor Cost)

Chimney Repair

Rebuild from Shoulders	Rebuild from Roof Line	Other
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Valuation (Material & Labor Cost)

Electrical Permit

Service (Amps)	A/C Breaker (Amps)	Other
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Plumbing Permit

Number of Fixtures	Sewer Line	Water Service Line
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Gas Outlet(s)	Water Heater	Other
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Mechanical Permit

Furnace/BTU	Air Conditioner/Size	Boiler/BTU
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Signature of Applicant:_____

Date:_____

Please Print Name:_____

Fax Permit Information Page

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